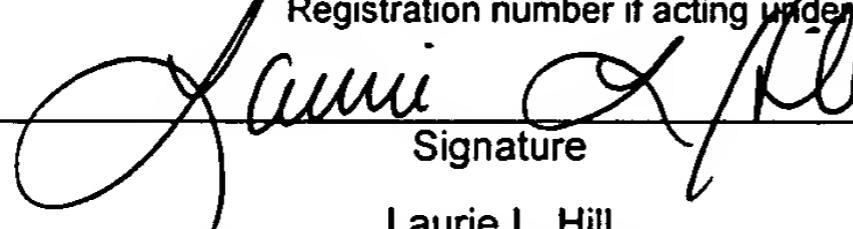
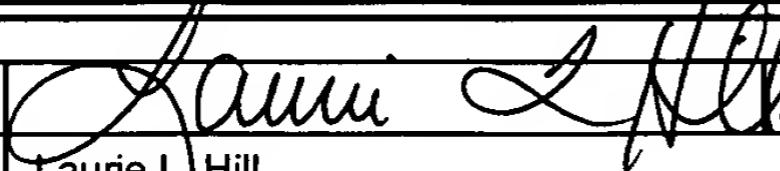


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 564462006600																			
Application Number 09/751,299		Filed	December 28, 2000																		
For METHODS FOR PRODUCING ALPHA-SUBSTITUTED CARBOXYLIC ACIDS USING NITRILASES AND STRECKER REAGENTS (AMENDED)																					
Art Unit 1652		Examiner	K. M. Kerr																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <u>I have enclosed a duplicate copy of this sheet. Fee</u> <u>Transmittal form (PTO/SB/17) is attached to this</u> <u>submission in duplicate.</u> </p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,804</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p> Signature Laurie L. Hill Typed or printed name</p> <p>April 11, 2005 Date (858) 720-7955 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
	Fee	Small Entity Fee																			
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795																			
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																			

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known						
		Application Number	09/751,299					
		Filing Date	December 28, 2000					
		First Named Inventor	Mark MADDEN					
		Examiner Name	K. M. Kerr					
		Art Unit	1652					
TOTAL AMOUNT OF PAYMENT	(\$) 475.00	Attorney Docket No.	564462006600					
METHOD OF PAYMENT (check all that apply)								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee						
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments						
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity		
	Utility	300	150	500	250	200		100
	Design	200	100	100	50	130		65
	Plant	200	100	300	150	160		80
	Reissue	300	150	500	250	600		300
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES				Small Entity				
Fee Description				Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues)				50	25			
Each independent claim over 3 (including Reissues)				200	100			
Multiple dependent claims				360	180			
Total Claims			Multiple Dependent Claims					
<u>51</u> - <u>41</u> = <u>10</u> x <u>25.00</u> = <u>250.00</u>								
Indep. Claims			Fee (\$)					
<u>6</u> - <u>11</u> = <u>0</u> x <u>0.00</u> = <u>0.00</u>								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
<u> </u> - <u>100</u> = <u> </u> /50 <u> </u> (round up to a whole number)								
							Fees Paid (\$)	
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>2252 Extension for response within second month</u>				<u>225.00</u>				
SUBMITTED BY								
Signature				Registration No. (Attorney/Agent)	51,804	Telephone	(858) 720-7955	
Name (Print/Type)	Laurie L. Hill			Date	April 11, 2005			